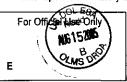
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 62/6

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

				1 / 1 / 2004	Through: $12 \angle 31$	<b>2004</b>
Name and address of person filing.		4. Name,	Name, file number, and address of labor organization.			
Name	Michael	D Bauer	Name Ohio Council 8, AFSCME, AFL-CIO			
			Labor O	rganization File Number	512927	
P.O. Box,	Bldg., Room No., if an	у	P.O. Bo	x, Building and Room Num	ber, if any	
Street	414 Colgate	Avenue	Street	6800 North Hig	h Street	
City	Elyria		City	Worthington		
State	Ohio	ZIP Code + 4 44035	State	Ohio	ZIP Code + 4	43085
5. Position	in labor organization.	Cleveland Regional Dir	ector			
A. Held ar	n interest in, engaged	If, during the past fiscal year, you or your s (except as specified in the ex d in transactions (including loans) with, oyer whose employees your organiz	clusions set fo	rth in the instructions):ome or other economic b	penefit of	interests
6. Name ai	nd address of Employer	r (including trade name, if any).	7.a. Natur	e of Interest, Transaction, o	r Income.	
Name						
Trade Na	me, if any:					
P.O. Box,	, Bldg., Room No., if an	у	71. 4			
Street			7.b. Amou	int.		
City						
State		ZIP Code + 4				
		Si	gnature			· <del></del>

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing Michael D. Bauer	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Medical Mutual			
Tade Name & cons	X a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 17800 Royalton Road			
City Cleveland			
State Ohio ZIP Code + 4 44136-5149			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Medical Mutual contracts with Ohio Council 8, AFSCME, AFL-CIO to provide health care		
Trade Name, if any:	insurance benefits to employees of the		
	Council.		
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$ Unknown to fil		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Cleveland Building Trades Golf Outing. Complimentary round of golf. June 10, 2004.		
	12.b. Amount. \$75.00		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name if any			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	:   : ]		
Street			
City			
e e e e e e e e e e e e e e e e e e e	·		
State ZiP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
	the control of the co		

Michael D. Bauer	File Number 0-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Medical Mutual		
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 17800 Royalton Road		
City Cleveland		
State Ohio ZIP Code + 4 44136-5149		,
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Medical Mutual contracts w AFSCME, AFL-CIO to provide insurance benefits to empl	health care
Trade Name, if any:	Council.	byces of the
P.O. Box, Bldg., Room No., if any		· · · · · · · · · · · · · · · · · · ·
Street	11.b. Approximate dollar value of such dealing.	\$Unknown to fil
City	12.a. Nature of interest held or income received	
State ZIP Code + 4	Cleveland CAVS Game. Two (2) complimentary ticker and food (\$56.90). December	
		of the second se
	12.b. Amount.	\$246.90
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name .		:
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		: }
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
10.5.1.0 210 Described on Employer or Consultant !		and the second second second

Name of Person Filing Michael D. Bauer	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or feasing to, or off of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business " actively seeking to represent, or  indirectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Kaiser Permanente	• • • • • • • • • • • • • • • • • • •			
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any North Point Tower Ste	b. Trust 1200 x c. Employer (s)			
Street 1001 Lakeside Avenue				
City Cleveland	•			
State Ohio ZIP Code + 4 44114				
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name City of Cleveland	Kaiser Permanente contracts with employers			
Trade Name, if any:	to members of Ohio Council 8, AFSCME, AFL-			
P.O. Box, Bldg., Room No., if any				
Street 601 Lakeside Ave.				
City Cleveland	12.a. Nature of interest held or income received.			
State Ohio ZIP Code + 4 44114  Additional employer: Cuyahoga County Board of County Commission 1219 Ontario Street Cleveland, Ohio 44113	UAW Golf Outing. Complimentary round of golf. August 5, 2004. Oners			
	12.b. Amount. \$250.00			
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
and the second s				
Name:				
Trade Name, if any:	* · · · · · · · · · · · · · · · · · · ·			
P.O. Box, Bldg., Room No., if any				
Street ·				
City				
City  State ZIP Code + 4  13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Michael D. Bauer	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or Indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9, Business deals with:
Name Kaiser Permanente  Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., fany North Point Tower Ste	1200 X c. Employer (s)
City Cleveland State Ohio ZIP Code + 4 44114	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name City of Cleveland  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	to provide health care insurance benefits to members of Ohio Council 8, AFSCME, AFL-
Street 601 Lakeside Ave.	11 h Annovimete deller velue et auch dealine 110 KDOTO TO TO 11 lei
City Cleveland	12.a. Nature of interest held or income received.
State Ohio ZIP Code + 4 44114  Additional employer: Cuyahoga County Board of County Commission 1219 Ontario Street Cleveland, Ohio 44113	ULA Golf Outing. Complimentary round of golf. June 8, 2004. oners
	12.b. Amount. \$125.00
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name :	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street ·	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Michael D. Bauer	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or rindirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Kaiser Permanente  Trade Name, if any:  P.O. Box, Bldg., Room No., if any North Point Tower Ste	a. Labor Organization b. Trust
Street 1001 Lakeside Avenue	Tric Employer (5)
City Cleveland State Ohio ZIP Code + 4 44114	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name City of Cleveland  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	to provide health care insurance benefits to members of Ohio Council 8, AFSCME, AFL-
Street 601 Lakeside Ave.	144 b. Anneas describe delles selve et asset desclien 115 P. COMP COMP (5.17)
City Cleveland	12.a. Nature of interest held or income received.
State Ohio ZIP Code + 4 44114  Additional employer: Cuyahoga County Board of County Commissi 1219 Ontario Street Cleveland, Ohio 44113	Steelworkers Golf Outing. Complimentary round of golf. August 6, 2004. oners
:	12.b. Amount. \$125.00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name (	
Trade Name, if any:	"
P.O. Box, Bidg., Room No., if any	
Street :	
State ZIP Code + 4	A control of the cont
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Michael D. Bauer	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Kaiser Permanente	J
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any North Point Tower Ste	1/200b. Trust
Street 1001 Lakeside Avenue	X c. Employer (S)
City Cleveland	
State Ohio ZIP Code + 4 44114	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name City of Cleveland	Kaiser Permanente contracts with employers
Trade Name, if any:	to provide health care insurance benefits
P.O. Box, Bldg., Room No., if any	CIO.
Street 601 Lakeside Ave.	
	11.b. Approximate dollar value of such dealing. unknown to file:
Cleveland	12.a, Nature of interest held or income received.
State Ohio ZIP Code + 4 44114  Additional employer:	Complimentary round of golf. December 2, 2004.
Cuyahoga County Board of County Commission	oners
1219 Ontario Street Cleveland, Ohio 44113	
	12.b. Amount. \$125.00
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
Name and address of Employer or Labor Relations Consultant     (including trade name, if any).	14.a. Nature of payment.
Name:	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street:	:
City	
State ZIP Code + 4	
	A service of the serv

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Duvin, Cahn & Hutton, LLP a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any Erieview Tower, 20th F1. c. Employer 1301 East Ninth Street **City** Cleveland ZIP Code + 4 State Ohio 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Duvin, Cahn & Hutton, LLP is a law firm that Name Ohio AFSCME Care Plan represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental Trade Name, if any: health insurance, life insurance and pre-paid legal service benefits to members of Ohio Council 8, AFL-CIO. Michael D. Bauer is a P.O. Box, Bldg., Room No., if any trustee of the Ohio AFSCME Care Plan. 1603 East 27th Street Street 11.b. Approximate dollar value of such dealing. Unknown to filer City Cleveland 12.a. Nature of interest held or income received. State ZIP Code + 4 Ohio 44114 Dinner on March 3, 2004. \$44.49 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:

14.b. Amount of payment,

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Name of Person Filing Michael D. Bauer	File Number U-	_
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Duvin, Cahn & Hutton, LLP		
Trade Name, if any:	· · · · · · · · · · · · · · · · · · ·	
P.O. Box, Bldg., Room No., If any Erieview Tower, 20th F1.	**	
Street 1301 East Ninth Street		
Oly Cleveland		
State Ohio ZIP Code + 4 44114		
10. If 9.b, or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Ohio AFSCME Care Plan  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	health insurance, life insurance and pre-paid	1
Street 1603 East 27th Street	11.b. Approximate dollar value of such dealing. Unknown to fil	Lez
City Cleveland	12.s. Nature of interest held or income received.	
State Ohio ZIP Code + 4 44114	Dinner on April 16, 2004.	
	12.b. Amount. \$78.24	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		:
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		ļ
	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?	and the second s	į

Name of Person Filing Michael D. Bauer		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	<b>s</b>	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Duvin, Cahn & Hutton, LLP			
Trade Name, if any:		<b>non</b>	
P.O. Box, Bldg., Room No., if any <u>Erieview Tower</u> , 20th F1.	x b. Trust		
Street 1301 East Ninth Street	d. Employer		•
City Cleveland			
State Ohio ZIP Code + 4 44114			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	19.	pt
Name Ohio AFSCME Care Plan	represents the O	tton, LLP is a law hio AFSCME Care Pla	n. The
Trade Name, if any:	health insurance	Plan provides supp , life insurance an	d pre-paid
P.O. Box, Bldg., Room No., if any	Council 8, AFL-C	nefits to members o IO. Michael D. Bau hio AFSCME Care Pla	er is a
Street 1603 East 27th Street	11.b. Approximate dollar value	The second secon	own to filer
City Cleveland	12.a. Nature of interest held		
State Ohio ZIP Code + 4 44114	Lunch on June 2	2, 2004.	:
	;		
·	12.b. Amount.	\$32	.23
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			:
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Page 2 of 2

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Name of Person Filing Michael D., Bauer		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acred (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise			
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Duvin, Cahn & Hutton, LLP	a. Labor Organizatio	ın.		
Trade Name, if any:	X b. Trust	···		
P.O. Box, Bldg., Room No., If any <u>Erieview Tower</u> , 20th F1.	c. Employer			
Street 1301 East Ninth Street	}	•		
City Cleveland  State Ohio ZIP Code + 4 44114				
	11.a. Nature of such dealing	<u> </u>	<u> </u>	_
10. If 9.b. or 9.c. is checked give trust or employer's name.	Duvin, Cahn & Hut	4 A 17 TO 18	law firm that	
Name Ohio AFSCME Care Plan	represents the Ohi Ohio AFSCME Care	io AFSCME Care	e Plan. The	
Trade Name, if any:	health insurance, legal service bend Council 8, AFL-CIO	efits to membe	ers of Ohio	
P.O. Box, Bidg., Room No., if any	trustee of the Oh:	to AFSCME Care	Plan.	
Street 1603 East 27th Street Claveland	11.b. Approximate dollar value	<del></del>	Unknown to file	2I
	12.a. Nature of interest held o	r income received.	a sandananan sandan sandan sandan sandan	
State Ohio ZIP Code + 4 44114	Lunch on June 1	15, 2004.		
				1
ı				
	l a			
	12 h Amount	The second secon	¢26 2/.	_: T
	12.b. Amount.		\$36,24	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		\$36.24	
	r parts A and B above)		\$36.24	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.		\$36,24	The second secon
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.		\$36.24	The second secon
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	r parts A and B above) or other thing of value.		\$36.24	The second secon
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	r parts A and B above) or other thing of value.		\$36.24	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	r parts A and B above) or other thing of value.		\$36.24	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	r parts A and B above) or other thing of value.		\$36.24	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	r parts A and B above) or other thing of value.		\$36.24	

Name of Person Filing Michael D. Bauer	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Duvin, Cahn & Hutton, LLP	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., if any Erieview Tower, 20th F1.	c. Employer	
Street 1301 East Ninth Street	1 manuscript	
City <u>Cleveland</u>		
State <u>Ohio</u> ZIP Code + 4 <u>44114</u>		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	tion is also carried and a superior and the superior and
Name Ohio AFSCME Care Plan	Duvin, Cahn & Hutton, LLP is a represents the Ohio AFSCME Car	e Plan. The
Trade Name, if any:	Ohio AFSCME Care Plan provides health insurance, life insuran	ce and pre-paid
P.O. Box, Bldg., Room No., if any	legal service benefits to memb Council 8, AFL-CIO. Michael D trustee of the Ohio AFSCME Car	. Bauer is a
Street 1603 East 27th Street	11.b. Approximate dollar value of such dealing.	Unknown to filer
City Cleveland	12.a. Nature of interest held or income received.	
State Ohio ZIP Code + 4 44114	Golf on September 30, 2004.	·
	12.b. Amount.	\$49.75
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	<b>;</b> ·	
Trade Name, if any:		:
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Famo Michael D. Bauer	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	•
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Duvin, Cahn & Hutton, LLP		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any Erieview Tower, 20th F1.	X b. Trust	
Street 1301 East Ninth Street	c. Employer	
City Cleveland		
StateOhio ZIP Code + 444114		•
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Ohio AFSCME Care Plan	Duvin, Cahr & Hutton, LLP is a represents the Ohio AFSCME Care	law firm that
Trade Name, if any:	Ohio AFSCME Care Plan provides health insurance, life insurance	supplemental
P.O. Box, Bldg., Room No., if any	legal service benefits to member Council 8, AFL-CIO. Michael D. trustee of the Ohio AFSCME Care	rs of Ohio Bauer is a
Street 1603 East 27th Street	The state of the s	Unknown to filer
Cleveland Cleveland	12.a. Nature of interest held or income received.	OHRHOWH LO IIIEI
State Ohio ZIP Code + 4 44114	Dinner on September 30, 2004.	
	12.b. Amount.	\$106.44
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant : (including trade name, if any).	14.a. Nature of payment.	
Name		:
Trade Name, if any:	. "	
P.O. Box, Bldg., Room No., if any		: .
Street		
City		
State ZIP Code + 4		and the second s
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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Form LM-30 (2003)

Name of Person Filing Michael D. Bauer	File Numbe		
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business , i ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	— n – ———	
Name Duvin, Cahn & Hutton, LLP	- <del>[ ] .</del>		
Trade Name, if any:	· ·		
P.O. Box, Bldg., Room No., If any Erieview Tower, 20th F1.	X b. Trust		
Street 1301 East Ninth Street	c. Employer		
City Cleveland			
State Ohio ZIP Code + 4 44114		jt.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Ohio AFSCME Care Plan	Duvin, Cahn & Hutton, LL represents the Ohio AFSC	ME Care Plan. The	
Trade Name, if any:	Ohio AFSCME Care Plan pr health insurance, life i	nsurance and pre-paid	
P.O. Box, Bidg., Room No., if any	Council 8, AFL-CIO. Mic	hael D. Bauer is a	
Street 1603 East 27th Street	trustee of the Ohio AFSCME Care Plan.  11.b. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.		
CMy Cleveland	12.a. Nature of interest held or income re	The second secon	
State Ohio ZIP Code + 4 44114	Cleveland CAVS Game -	l ticket and food	
	February 17, 2004.		
	February 17, 2004.	\$113.65	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount. r parts A and B above)	and the second s	
C. Received from any employer (other than an employer covered unde	12.b. Amount.  r parts A and B above) or other thing of value.	and the second s	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 3.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount.  r parts A and B above) or other thing of value.	and the second	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.  r parts A and B above) or other thing of value.	and the second	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	12.b. Amount.  r parts A and B above) or other thing of value.	and the second	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.  r parts A and B above) or other thing of value.	and the second s	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Frade Name, if any:  P.O. Box, Bldg., Room No., if any	12.b. Amount.  r parts A and B above) or other thing of value.	and the second s	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Frade Name, if any:  P.O. Box, Bldg., Room No., if any	12.b. Amount.  r parts A and B above) or other thing of value.	and the second s	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Frade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.b. Amount.  r parts A and B above) or other thing of value.	and the second s	

Pone 2 of 2

Name of Person Filming Michael D., Bauer	File Number 0-		
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	•	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	•	
Name Duvin, Cahn & Hutton, LLP		·	
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bidg., Room No., if any Erieview Tower, 20th Fl.	X b. Trust		
	c. Employer		
Street 1301 East Ninth Street			
Cty Cleveland  State Ohio ZIP Code + 4 44114		4. 4	
State Ohio ZIP Code + 4 44114			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	. •	
Name Ohio AFSCME Care Plan	represents the Ohio AFSCME Care Plan. The		
Trade Name, if any:	Ohio AFSCME Care Plan provide health insurance, life insurance.	urance and pre-paid	
P.O. Box, Bidg., Room No., if any	legal service benefits to a Council 8, AFL-CIO. Michae trustee of the Ohio AFSCME	el D. Bauer is a	
Street 1603 East 27th Street	11.b. Approximate dollar value of such dealing.	Unknown to file	
Cay Cleveland	12.a. Nature of interest held or income recei	ved.	
State Ohio ZIP Code + 4 44114	Dinner the evening before Care Plan Board of Trust by Duvin, Cahn & Hutton.	ees meeting provided	
•		e ·	
	12.b. Amount.	\$87.60	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
second the second second second second to a contract on a second	•	•	
Name	1.	• • •	
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street		•	
City			
State ZIP Code + 4			
	14.b. Amount of payment.		
13.b. Is the Business an Employer or Consultant ?			

Name of Person Filing Michael D., Bauer		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise		10	
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Duvin, Cahn & Hutton, LLP				
passing regular regula	a. Labor Organizati	on ·		
Trade Name, if any:	X b. Trust			
P.O. Box, Bidg., Room No., if any <u>Erieview Tower</u> , 20th Fl.	c. Employer			
Street 1301 East Ninth Street	Managed at			
City Cleveland	v.4	•		
State <u>Ohio</u> ZIP Code + 4 44114				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	g.	**	
Company of the control of the contro	Duvin, Cahn & Hut	ton, LLP is a	law firm that	
Name Ohio AFSCME Care Plan	represents the Ohio AFSCME Care Plan. The Ohio AFSCME Care Plan provides supplemental			
Trade Name, if any:	health insurance,	life insuranc	e and pre-pai	.d
P.O. Box, Bidg., Room No., if any	Council 8, AFL-CI trustee of the Oh	O. Michael D.	Bauer is a	
Street 1603 East 27th Street	11.b. Approximate dollar value	territoria de la compania de la comp		
Caby Cleveland	12.a. Nature of interest held		Un <u>know</u> n to fi	TE
State Ohio ZIP Code + 4 44114	Dinner the even Care Plan Board	of Trustees m	eeting provid	
	by Duvin, Cahn	& Hutton. Nov	ember 9, 2004	•
	i.		4	
	Total Communication of the second of the sec	The state of the s		e e falla anal france fo
· · · · · · · · · · · · · · · · · · ·	12.b. Amount.		\$84.76	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			<u> </u>	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				: :
		• .		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				İ
Street				
City				
State ZIP Code + 4				
Zii Code : 4		·		'
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			
Form LM-30 (2003)				
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